

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1486

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (in this place) 46 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 North Sergeant Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give township) Joplin
d. STREET ADDRESS (If rural, give location) 208 North Sergeant Avenue

3. NAME OF DECEASED
a. (First) John
b. (Middle) A.
c. (Last) LOHMEYER
d. DATE OF DEATH (Month) (Day) (Year) January 16, 1951

4. SEX Male
5. COLOR OR RACE White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
7. DATE OF BIRTH February 28, 1867
8. AGE (In years last birthday) 83
9. IF UNDER 1 YEAR Months 4 Days 16 Hours 16 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Accountant
10b. KIND OF BUSINESS OR INDUSTRY Accounting
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Annie (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 500-09-0523
17. INFORMANT'S SIGNATURE OR NAME Fred Lohmeyer
ADDRESS 874 N. Willet

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
b. Arteriosclerosis generalized
c. Grand dead in bed
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Grand dead in bed)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1867 and until passed, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. Lohmeyer and J. L. Lohmeyer
23b. ADDRESS Joplin, Mo.
23c. DATE SIGNED 1-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/18/51
24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial
24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 1-23-51
REGISTRAR'S SIGNATURE James L. Lohmeyer
25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.
ADDRESS Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-5-51
Jasper County Health Office

County File Number 51-1-65

Date Filed 2-5-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Signed

Charles E. Frey

Signed

Student Embalmer

Licensed Embalmer No. 4768

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.